



# High School Volleyball League

This league provides young ladies in 9<sup>th</sup> - 12<sup>th</sup> grade a chance to play the game of volleyball in a fun and supportive environment. All skill levels are welcome. Similar to adult leagues, the primary focus is on game-play, but we will also include some skill instruction at the start of the season. Early registration is encouraged to secure your place in the league. **Details subject to change.**

Register: February 16 - 27\*  
Day: Mondays  
Season: March - May  
Fee: \$40 per resident  
\$60 per non-resident  
Grades: 9 -12  
Location: East Fayette Gym  
Course Code: 15052



**Wanted: Volunteer coaches (ages 18+) and also teen volleyball players to assist as Peer Mentors with younger divisions.**

Phone: (770) 716-4320  
Fax: (770) 460-1931  
E-mail: [recreation@fayettecountyga.gov](mailto:recreation@fayettecountyga.gov)  
Website: [www.fayettecountyga.gov](http://www.fayettecountyga.gov)

**Mail:**  
140 Stonewall Avenue West  
Fayetteville, GA 30214  
**Office:**  
980 Redwine Rd., Fayetteville



TO: Players & Parents  
SUBJECT: High School Volleyball League – Spring 2015



Thank you for your interest in the Fayette County Parks and Recreation Department's High School Volleyball (HSVB) Program. We hope your participation will be both fun and rewarding. Players register as individuals, but you can request specific team-mates. Our goal is for young ladies to have a rewarding experience of skill development, personal growth, teamwork & camaraderie, fun competition, and to develop an active, healthy lifestyle. Our staff is looking forward to another great season of this award-winning program, and we are excited to have you join the fun!

**Eligibility:** NO EXPOSED JEWELRY may be worn during practices or games. If planning to have player's ears pierced, please wait until after the volleyball season ends.

**Cancellations:** Requests for partial refunds (less 25% administrative fee) must be received by March 5 at 5:00 p.m.

**Online registration will be closed on Wednesday, February 25, or earlier if league is almost full.** Online Registration is not finalized until the Parks & Recreation Department has also received your completed Volleyball Registration Form (last 3 pages). We may still have a few spots left, so contact the Recreation Office (770-716-4320) if online registration is closed.

Expected Season (details subject to change):

**Registration:** February 16-27    Season: March - May (Mondays)  
Start date: Possibly March 23 or 30 based on when the adult athletic league is completed  
Location: East Fayette Gym (former elementary), 245 Booker Avenue, Fayetteville

HSVB participants register as individuals (instead of one person signing up an entire team). However, players can request specific

team-mates, so invite your friends to register. Don't forget to list your preferred team mates on your registration form, and have them request you, also. The HSVB league is operated in a similar fashion to our adult volleyball leagues with a primary focus on games/competition.

In mid- to late-March, HSVB players will have a pre-season skills clinic covering volleyball fundamental skills (bump, set, spike, and serve) with as well as an introduction to team strategy and tactics.

Should you have any questions, please call 770-716-4320 or send an email to [recreation@fayettecountyga.gov](mailto:recreation@fayettecountyga.gov).



**SAVE THE DATES:** Fall Youth Volleyball registration is expected to start in August 2015 for the next volleyball season (held August - November for girls from age 8 to grade 8). The HSVB league is not held in the fall because many of our high school players participate with their school's team. However, we do encourage experienced HS volleyball players to volunteer as a Peer Mentor (coaches' assistant) during the fall season for one of the younger divisions.

**SPIRIT ATTITUDE MOTIVATION FOCUS**  
**DEDICATION TEAMWORK**



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”





**Fayette County Parks & Recreation Department**  
**(770) 716 - 4320 recreation@fayettecountyga.gov**  
**HIGH SCHOOL VOLLEYBALL LEAGUE**  
**Young Ladies Division (Grades 9 - 12)**  
**SPRING 2015 REGISTRATION FORM (Page 1 of 3)**

**\*\*STAFF USE ONLY\*\***

Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check # or Cash: \_\_\_\_\_  
Employee Initials: \_\_\_\_\_  
Extra shirts? Yes / No

**REGISTRATION DATES:** February 16 - 27 -- *First Come, First Served Until Full!*

**Fees:** \$40 Fayette Resident **Register in person:** 980 Redwine Rd., Fayetteville (Mon.-Fri., 8am - 5pm)

\$60 Another County **Register by mail:** 140 W. Stonewall Ave., Fayetteville, GA 30214

**Register online\*:** [www.fayettecountyga.gov/parks\\_and\\_recreation](http://www.fayettecountyga.gov/parks_and_recreation) (click "Online Payment Information")

*\*Athletes registering online are still required to submit this form (in person, by mail, or fax: 770-460-1931).*

**PLEASE PRINT CLEARLY.**

**Athlete #1** \_\_\_\_\_ Grade \_\_\_\_\_

Current School Attending \_\_\_\_\_ Age \_\_\_\_\_

List Volleyball Experience \_\_\_\_\_ Height \_\_\_\_\_ Ft \_\_\_\_\_ In

Shirt Size (circle): **YOUTH** Medium / Large / X-Large -or- **ADULT** Small / Medium / Large / X-Large

**Athlete #2** \_\_\_\_\_ Grade \_\_\_\_\_

*(OPTIONAL second player - must be living in the same household)*

Current School Attending \_\_\_\_\_ Age \_\_\_\_\_

List Volleyball Experience \_\_\_\_\_ Height \_\_\_\_\_ Ft \_\_\_\_\_ In

Shirt Size (circle): **YOUTH** Medium / Large / X-Large -or- **ADULT** Small / Medium / Large / X-Large

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

**Please circle one:** I live in the following area:

Fayetteville

Unincorporated Fayette County

Town of Brooks

Peachtree City

Town of Tyrone

Woolsey

Another County (**Add 50% Surcharge to League Fee**)

Does your child need a modification due to disability to enjoy this program? \_\_\_\_\_

**Would you like to pre-pay for additional t-shirts (\$10 each) for athlete (or family members to support team)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list quantity and shirt size(s) \_\_\_\_\_

Additional fee: # of \_\_\_\_\_ shirts x \$10 each = \$\_\_\_\_\_ (All fees must be paid at time of league registration.)

In past seasons, some parents have found it helpful to have more than one shirt per player, so they didn't have to wash laundry as frequently or if the shirt is accidentally bleached/stained/ripped (it has happened). **Participants will not be able to compete in games without the correct team jersey. There will be no late/replacement shirt orders.**

**\*\*Return this form to Recreation Department - Page 1 of 3\*\***

## HIGH SCHOOL VOLLEYBALL REGISTRATION FORM (Page 2 of 3)

PRINT Name of Player(s) \_\_\_\_\_

Do you already have a team or requested teammate(s) needed for carpooling purposes? Circle: Yes No

If yes, list requested team mates: \_\_\_\_\_

Optional: Team Name \_\_\_\_\_ Preferred Color 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**\*Having a team already is OPTIONAL. Most players register individually and will be placed on a team. Please make sure that these same individuals also request you on their form (max. of 9 players per team).**

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of the above name agency to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks & Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name/child's name in any part of those publications listed above. I have read this document and am fully aware of the content and implications, legal and otherwise.

### CODE OF CONDUCT

The Fayette County Parks & Recreation Department understands that sportsmanship is a core value and its promotion and practice are essential. Participants, parents, official, administrators and spectators have a duty to assure that their teams/communities promote the development of good character. This code of conduct applies to all participants involved in athletics and Fayette County Parks and Recreation Department sponsored activities/events.

- ◆ Participants will advocate, model, and promote the development of good character to include trustworthiness, respect, responsibility, teamwork, fairness, caring, and citizenship while promoting emotional, physical, and moral well-being above desires and pressure to win.
- ◆ Participants will respect peers, coaches, officials, opponents, and others associated with the activity/event.
- ◆ Participants will promote fair play and uphold the spirit of the rules in the activity/event.
- ◆ Participants will model appropriate behavior at all times.
- ◆ Participants will engage in a healthy lifestyle.

I have read and understand the requirements of this Code of Conduct and acknowledge that league participants and spectators may be disciplined or removed from a Fayette County Parks & Recreation Department sponsored event/activity and/or facility if found in violations of any of its provisions. I will make sure that the participant, family members, and our invited guests (observing practices/games) are familiar with, and adhere to, the Code of Conduct.

➡ \_\_\_\_\_ I understand that my contact information (phone number and/or email) will be shared with player's team.

Initials

➡ \_\_\_\_\_ I have received a copy of the "HEADS UP Concussion in Youth Sports" Fact Sheet for Parents (included with registration packet).

Initials

➡ \_\_\_\_\_  
PRINT Name of Parent/Guardian

SIGNATURE of Parent/Guardian

\_\_\_\_\_  
Date

## WANTED – COACHES AND VOLUNTEERS - Ask for a Volunteer Application.

**Volunteers are an integral part of our Youth Volleyball Leagues.** We are in need of adult volunteers (especially in Silver & Gold divisions) for coaches and assistants, as well as teen volleyball players (Middle & High School age) to assist as peer mentors for younger divisions. NYSCA Volleyball Coaches Training is available.

PRINT Name \_\_\_\_\_ Email: \_\_\_\_\_ Circle (one Coach Team Parent  
or more): Phone: \_\_\_\_\_ Assist. Coach Line Judge

Head Coach Only: Shirt Size \_\_\_\_\_ Preferred Team Color 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

★ [FREE Training - Mandated Reporting Requirements for Volunteers \(GA\)](http://www.prosolutionstraining.com) - [www.prosolutionstraining.com](http://www.prosolutionstraining.com)

★ [FREE Concussion Training for Youth Sports](http://www.cdc.gov/concussion/HeadsUp/online_training.html): [www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

**\*\*Return this form to Recreation Department - Page 2 of 3\*\***

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

[FREE Online Training Course for Youth Sports](http://www.cdc.gov/concussion/HeadsUp/online_training.html): [www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

Athlete Name(s) \_\_\_\_\_

Parent/Guardian Name PRINT \_\_\_\_\_

Parent/Guardian Name SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.